

Education or Foster Animal Live Wildlife Retention Application

This form must be used to request permanent possession of all non-releasable wildlife for education or foster animal purposes. This application is available to LICENSED WASHINGTON WILDLIFE REHABILITATORS ONLY. All others requesting wildlife collection and possession must use the Scientific Collections Permit Application at http://wdfw.wa.gov/licensing/scp/.

- All non-releasable education and foster animals must be included on your *Wildlife Rehabilitation Annual Report Form* due by January 31 of every year.
- Your veterinarian must sign this application certifying non-releasability.
- PLEASE INCLUDE PHOTOGRAPHS of the Education or Foster animal(s) enclosure.
- You may apply for more than one animal with this form

| 1. This animal(s) is to be used for Static Display Program Animal Both Foster | | | | | | | | |
|--|---------------------------|----------|-------------------|--------|-----------|------------|----------------|--|
| 2. APPLICANT INFORMATION | | | | | | | | |
| Name of Applicant: | | Phone #: | | | Em | Email: | | |
| Name of Facility: | | | | | | | | |
| Facility Address: | | City: | | | Zip Code: | | | |
| Facility Mailing Address: | | City: | | | Zip | Zip Code: | | |
| WDFW Wildlife Rehabilitation Permit #: | | | | | | | | |
| 3. COLLECTION INFORMATION | | | | | | | | |
| Species and Case # | Initial Illness or Injury | | Reason for Non-re | | | easability | Admission date | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. If this is a TRANSFER please complete the following: | | | | | | | | |
| Name of person transferring the | Phone #: | | | Email: | | | | |
| Name of Facility or Organization: | | | | | | | | |
| Facility Address: | | | City: | | | Zip Code: | | |
| Facility Mailing Address: | | | City: | | | Zip Code: | | |
| State: | | | | | | | | |
| Reason for transfer: | | | | | | | | |

| 5. HOUSING ENCLOSURES | |
|---|---|
| 1. Dimensions Width x Length x Height | |
| Construction Materials | |
| 2. Dimensions Width x Length x Height | |
| Construction Materials | |
| 3. Dimensions Width x Length x Height | |
| Construction Materials | |
| INCLUDE PHOTOGRAPHS of the enclosure(s) | |
| I, (please print name) WAC 220-450-170 Wildlife rehabilitation—Disposition of nonrelelive retention for foster and education, and review the following: | agree to abide by all of the conditions outlined in easable and over-habituated, mal-imprinted, or tamed wildlife and |
| Buhl, Schlieps, and Smith, Eds., 2018. Wildlife in Education: A CNWRA at https://www.nwrawildlife.org/store/. | Guide for the Care and Use of Program Animals. Available from the |
| | source of pain generally is easy to identify if it is a physical and is not immediately recognizable. IACUCs (institutional animal nat cause pain or distress in humans likely also will cause pain or |
| Distress is also indicated if the animal remains agitated, cowers stress if unable to perform normal functions, such as fly to a high | , or hides for periods of time. Birds and mammals can experience h perch, or climb when this is a normal behavior. |
| The following species may not be used for any education in carnivores, and amphibians. | ncluding both static display and programs: cervids, large |
| | ims : All rodents (except eastern gray squirrels), moles and shrews, pikas, hares, rabbits, Apodidae, Trochilidae, Picidae, Passerines is), loons, grebes, seabirds, herons, bitterns, storks, and ibis. |
| Your signature below certifies that you have read the a | above referenced WAC and reviewed the above statements. |
| | |
| Signature of Applicant | Date of Application |
| An Annual Report must be submitted before January 31 of eve | ery year. |
| Veterinarian's certification I certify that all animals listed on this form are non-release condition or injuries experienced by this animal (these animal) | eable to the wild. I also certify to the best of my ability that the imals) do not typically cause suffering with chronic pain. |
| Signature of Veterinarian | Date |
| Please send this application to: | |
| Patricia Thompson, Wildlife Rehabilitation Manager Washington Dept. of Fish and Wildlife 16018 Mill Creek Blvd. | Or scan and email to: patricia.thompson@dfw.wa.gov |

Mill Creek, WA 98012